Health Care Quality and Cost Council Committee Report

Committee Name: End of Life Sub-Committee
Committee Chair: Jim Conway
Date: November 18, 2008

1. Status of items referred to the Committee by the Council
    a. No new items referred to Committee

2. Committee recommendations to the Council
    a. Consider EOL as one of priority areas of next annual meeting
    b. Support in principal early 2009 "Call to Action Meeting" for executives and clinical leaders of hospitals, home care organizations, nursing homes, and hospices. Goals to set expectations, share available data, and align with convening expert panel
    c. Reference attached article from DFCI.

3. Committee accomplishments
    a. Committee met 11 5 08
    b. Progress continues on:
        i. MOLST (POLST) design, testing, and funding plan
        ii. Expert Panel Implementation with EOHHS, Betsy Lehman Center
        iii. Integration of palliative and EOL into Chronic Care and transitions initiatives underway in Commonwealth
        iv. Support of other state-wide initiatives to provide support MA Campaign
    c. Discussion continues on State-wide "Call to Action Meeting" on Palliative and EOL meeting, early in 2009
    d. Committee chair received follow-up from media in response to last meeting presentation and discussion.

4. Progress on meeting FY08 Council recommendations
    a. Strategy: The Commonwealth of Massachusetts Executive Office of Health and Human Services (EOHHS) should implement a statewide public health educational campaign by September, 2008…
        i. *Status:*
            1. *Affirmed in Chapter 305 Section 42: Notwithstanding any general or special law to the contrary, on or before January 1, 2009, the executive office of health and human services, in consultation with the commission on end–of-life care established by section*

480 of chapter 159 of the acts of 2000, shall initiate a public aware

2. *End of Life Commission not funded*
3. *Existing national and state campaign resources already exist and provide a strong base for moving forward now.*
4. *Pursue alternate approaches for Campaign*

b. Strategy: Hospitals, nursing homes, physicians and other providers should implement, by 2010, a process for communicating patients' wishes for care at the end of life, similar to the Physician Order for Life Sustaining Treatment (POLST) processes currently in use in Oregon, Washington, New York, West Virginia, and other states.
    i. *Status:*
        1. *Affirmed in Chapter 305 Section 43: Notwithstanding any general or special law to the contrary, the executive office of health and human services, in consultation with the commission on end-of-life care established by section 480 of chapter 159 of the acts of 2000, shall establish a pilot program to test the implementation of the physician order for life-sustaining treatment paradigm program to assist individuals in communicating end-of-life care directives across care settings in at least 1 region of the commonwealth….*
        2. *Strong multi-stakeholder initiative underway*
        3. *Grant funding, private funding, and other available state funds being sought to support pilot*

c. Strategy: Hospitals, extended care facilities, and home health care organizations should, by March, 2009, offer formal hospice and palliative care programs to their terminally ill patients, and should ensure that these programs meet the needs of patients with different cultural expectations at the end of life.
    i. *Status:*
        1. *Pending*
        2. *Data on hospital programs is available on AHA Survey of Hospitals*
        3. *Recent report, America's Care of Serious Illness: A State-by-State Report Card on Access to Palliative Care in our Nation's Hospitals, based on this data, gave Commonwealth of MA a "C"*
            a. *~50% medium / large hospitals have Palliative Care Program*
        4. *Identify options to measure presence of formal hospice and palliative care programs for extended care and home care organizations.*

d. Strategy: The Board of Registration in Medicine should require hospitals to submit a plan for ensuring that all clinical professionals who care for patients at the end of life are educated in the delivery of culturally sensitive care.
    i. *Status:*
        1. *Clarification: Intent is to accommodate within Patient Care Assessment Plan*
        2. *Discussions begun with BRM PCAC*
e. Strategy: Payers should adopt policies and standards to support and improve the process of care at the end of life.
    i. *Status:*
        1. *Pending*
        2. *Considerable attention has already been given this area by a number of payers*
f. Progress on establishing performance measurement benchmarks, in accordance with FY08 Council recommendations

5. Next Steps
    a. Advance discussions around
        i. Campaign
        ii. Measurement of presence of formal hospice and palliative care programs and affiliations
        iii. Performance measurement benchmarks
        iv. Education expectations of clinical professionals